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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	09/304,623	
Filing Date	5/3/1999	
First Named Inventor	Redford, et al.	
Art Unit	2182	
Examiner Name	Thomas M. Heckler	
Attorney Docket Number	TVINO001	

					Harribo.					
To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450										
Please withdraw me as attorney or agent for the above identified patent application, and										
all the attorneys/agents of record.										
the attorneys/agents (with registration numbers) listed on the attached paper(s), or										
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Telephone	(612) 349 <u>-8500</u> Fax (612) 339-4181						4181			
Signature	ىم	Michael Glenn has authority to withdraw on behalf of all members of our firm.								
Name	Michael A.	Glenn Reg				Registr	Registration No. 30,176			
Date '	December	01 4000				Teleph	Telephone No. (650) 474-8400			
NOTE: Withdraw	NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.									

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